

STATEMENT OF ECONOMIC INTERESTS

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OCEANSIDE CITY CLERK

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wood James F.

1. Office, Agency, or Court

Agency Name
City of Oceanside
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of Oceanside ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Leaving Office: Date Left (Check one)
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is through the date of leaving office.
☐ Assuming Office: Date
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed March 2, 2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name James F. Wood
--

▶ NAME OF SOURCE <u>San Diego County Regional Airport Authority</u> ADDRESS (Business Address Acceptable) <u>PO Box 82776, San Diego CA 92138</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>regional airport authority</u>	▶ NAME OF SOURCE <u>Star Theatre</u> ADDRESS (Business Address Acceptable) <u>402 North Coast Hwy., Oceanside CA 92054</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>local theater</u>																								
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